or declared place, he is not eligible for any reimbursement under the scheme if he visits only Kshimandu by air without visiting any place in Indian territory.

Setting up of units at the Rajasthan Atomic Power Plant

170. SHRI BHUVNESH CHATURVEDI; Will the PRIME MINISTER be pleased to state;

(a) the total number of units of Ato mic Energy Plant likely to be set up at the Rajasthan Atomic Power Plant by 2000 A.D.; and

(b) the details of the "work that is being done currently to set up the units at the site and by when the current work is likely to be completed?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION AND TOURISM (SHRl SHIVRAJ PATIL): <a) At Rajasthan Atomic Power station, two units (RAPS-I&2) 220 MWe capacity mre in operation. Two more units each of 235 MWe capacity (RAPP-344) are under construction. In addition, four units each of 500 MWe capacity (RAPP 5 to 8) will be set up at the same site.

(b) With regamTo the two "units of 235 MWe capacity (RAPP 3&4) under construction, site infrastructure, main plant civil works and manufacture of equipment and" components are in progress. In respectbf tBe four units of 500 MWe capacity (RAPP 5 to 8) to be set uj(preparation of detailed project report for obtaining project financial sanction, action fo'r obtaining safety and environmental clearances and advance procurement of critical and long delivery equipment are in progres.

Failure of family Planning Pragramme in India

171. SHRI MUKHTIAR SINGH MA-UK-Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a)' whather it is a fact that though Tndia was the first country in tho world to launch family Planning Programme, India's population is still increasing at a rate of 17 Millions a year even after 38 years;

(b) if so, the reasons for the failure of such a programme; and

(c) whether Government propose to take measures to bring down the population of the country?

THE* MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARl SAROJ-KHAPARDE); (a) to (c) Our country has played a pioneering role in launching the population stabilisation programmes as part of the overall socio-economic development plans. The country's population is currently estimated to b$_e$ increasing at an annual rate of about 15.2 million.

The magnitude of the annual increment is the function of the larg$_e$ base level, on the one hand, and the rate of growth, on the other. The natural growth rate of population is estimated at 2.12 per annum.

The growth rate of population depends both on the birth rate and the death rate. The birth rate has come down from 41.7 in 1951-61 (census estimates), to 32.0 in 1987 (Sample Registration System-provisional estimates). However, due to improvement in health measures, the decline in the death rate during the period has been relatively much steeper, from 22.8 to 10.8. And, therefore, the growth rate has remained at a high level.

The birth rate is a function of many and complex factors such as the age-sex composition of the population, the proportion of the population married, the age at marriage, socio-cultural attitudes towards marriages, family and progeny, the 'evel of social and economic development, the availability and quality of the health services, the State of Social Security and the contraceptive practice levels.

The National Health Policy has lai<i down the goal of birth rate of 21, death rate of 9 and couple protection rate of